_									Application or Docket Number				
	PATENT	APPLICATION Effection	ORD		_ (> 8	090	49					
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE OR			OTHER THAN		
	TOTAL CLAIMS	25	25			1	RATE	FEE	7	RATE	FEE		
	FOR	NUMBER	NUMBER FILED		BER EXTRA		BASIC FE	€ 385.0¢	OB	BASIC FEE	 		
TOTAL CHARGEABLE CLAIMS			2 5 m	2 5 minus 20=		5		X\$ 9=	 	OR	7010	90	
	NDEPENDENT C	LAIMS	6 "	ninus 3 =	*	3		X43=	1	OR	X86=	258	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	†	٦.		228	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	 	OR	L	1160	
									L	OR		1118	
W.			SMALL	ENTITY	OR	OTHER SMALL							
AWENDMENT A	1	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž	Total	-26	Minus		lo-	= //.	╟╂	X\$-9=-	-	OR	X\$18=		
AME	Independent FIRST PRESE	NTATION OF M	Minus JLTIPLE DE	PENDENT	2 CLAIM	= /		X43=		OR	X86=		
-								+145=		OR	+290=		
8								TOTAL DOIT, FEE		OR	TOTAL ADDIT. FEE		
 _	-				•••								
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N S	Total	*	Minus	44	·	=		X\$ 9=		OR	X\$18=		
4ME	Independent		Minus	***		=		X43=		1	X86=		
	FIRST PRESE	AST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						_		OR	7.00-		
							L	+145 <i>=</i> TOTAL		OR	+290=		
							AD	DIT. FEE		OR A	TOTAL ADDIT. FEEL		
Γ		(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST											
AMENDM INT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Q.	Total		Minus	44		=		X\$ 9=		OR	X\$18=		
AME	Independent		Minus	444		=		X43=			X86=		
L_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								145=		OR	+290=		
	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR AL	TOTAL DOIT, FEE		
	The Highest Numb	er Previously Paid	For (Total or	Independent) is the h	ighest number	(bund i	in the appr	opriate box	in colur	nn 1.		
ORM	PTO-875 (Rev 10/0	BES	ST AVA	VILABL	EC	OPY ,	aleni a	nd Tradema	rk Office 11 5	DEPAR	RTMENT OF C	OMMERCE	

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